3192665422

	IA ETHICS AND
FOR INSTRUCTIONS, SEE BACK OF FORM	FORM DATE STATEMENT
CHECK ONE: This is an initial" Statement of Organization This is an amended Statement of Organization "An initial Statement of Organization must be filled within 10 days of the comeking expenditures, or incurring indebtedness exceeding \$750. Amendma change. Penalties may be imposed for late-filled Statements of Organization must be that exceeds \$750 in activity for another office shall fille within 10 DR-1 disclosing information concerning the campaign for the new office so	nents must be filed within 30 days of Indexed Audited Computer
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the Blackwell for Supervisor	ne candidate's last name in the name of the committee.)
IMPORTANT: Indicate type of committee you are reporting for: 5 (1) Statewide/Legislative/Judge Standing for Retention Candidate (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision PAC (11) Local Back	2 Statewide PAC (3 State Party (4 County Central Committee Political Subdivision Candidate (8 County PAC (9 City PAC allot Issue (including committee involved in multiple city/county bailot issues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Name U. Blackwell	Name ↓ ↓
Mrijiya-Address41 1	Mailing Address ↓ ↓
Chegaritans, INZBOOTS	City, State ↓ ↓ Zip Code ↓ ↓
Phone (319) 268-1581	Phone ()
mdbwoll@ameil.com	
INDICATE PURPOSE OF COMMITTEE - Check One Box V	
Comment or description: All Candidates Enter:	Advocate against ballot issue(s) County/Local Candidates and Local Ballot Committees Enter:
All Candidates Enter: Office Sought: Black Hawk County Board of Supervisors	County: Black Hawk
Political Party (if applicable) Democratic Party	(If active in multiple ballot issue elections, attach list of counties
District: First Congressional District	Date of Election: June 3, 2008
Year Standing for Election: 2008	
Bank Account Name (must match committee name)	Candidate name & Address or Parent Entity (PACs_if applicable). ↓ ↓ Affiliate, or Sponsor
Blackwell for Supervisor	Michael D. Blackwell
Name of Financial Institution/type of Account ↓↓ Veridian Credit Union/Checking Account	Mailing Address ↓ ↓ P.O. Box 804
Mailing Address ↓ ↓	City ↓ ↓ State ↓ ↓ Zip ↓ ↓
P.O. Box 804	Cedar Falls IA 50613
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Phone (319) 268-1581
Cedar Falls IA 50613	mdbwell@gmail.com
	c-Mail
STATEMENT OF AFFIRMATION: By filing this document the committee a	iffirms the following:
The committee and all persons connected with the committee understand tild rules in Chapter 351 of the lows Administrative Code.	hat they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative
2. That lows Code section 68A.402 and rule 351—4.9 require the filing of disc	closure reports and that the failure to file these reports on or before the required due dates candidate's committee) to the automatic assessment of a civil penalty and the possible
3. That lows Code section 68A.405 and rules 351—4.35 through 4.43 require	the placement of the words "paid for by" and the name of the committee on all political it wishes to register a committee name for purposes of using the shorter "paid for by" and orm in lieu of filing this form.
	the receipt of corporate contributions by all committees except for statewide and local ballot
	s as permitted by lowa code sections 68A,301 through 68A,303 and rule 351—4,25.
	is coased, committee funds spent, debts resolved, and a final report and a statement of
Michael M. Blackwell	5-28-2008
Michael N. Blackie II	<u>5-28-2008</u> Onte Signed 5-28-2008
Signature of Candidate, OR, for all other committees, Chairperson	Date Signed